

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION  
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE Board of Supervisors OF THE County of San Luis Obispo  
(Governing Body) (Name of Applicant)

THAT Emergency Services Manager, OR  
(Title of Authorized Agent)

Emergency Services Coordinator, OR  
(Title of Authorized Agent)

County Administrative Officer or Assistant CAO  
(Title of Authorized Agent)

is hereby authorized to execute for and in behalf of the County of San Luis Obispo, a public entity  
(Name of Applicant)

established under the laws of the State of California, this application and to file it in the Office of Emergency Services for the purpose of obtaining certain federal financial assistance under P.L. 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the County of San Luis Obispo, a public entity established under the laws of the State of California,  
(Name of Applicant)

hereby authorizes its agent(s) to provide to the State Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

☒ This is a universal resolution and is effective for all open and future disasters.

☐ This is a disaster specific resolution and is effective for only disaster number(s) \_\_\_\_\_.

Passed and approved this 4th day of October, 2016

Lynn Compton, Board Chair  
(Name and Title of Governing Body Representative)

Frank Mecham and Debbie Arnold, Board Members  
(Name and Title of Governing Body Representative)

Bruce Gibson and Adam Hill, Board Members  
(Name and Title of Governing Body Representative)

**APPROVED AS TO FORM  
AND LEGAL EFFECT**

Patricia Neal, County Counsel

By: [Signature] 9/25/16  
Deputy County Counsel Date

**CERTIFICATION**

I, \_\_\_\_\_, duly appointed and \_\_\_\_\_ of  
(Name) (Title)

\_\_\_\_\_, do hereby certify that the above is a true and correct copy of a  
(Name of Applicant)

resolution passed and approved by the \_\_\_\_\_ of the \_\_\_\_\_  
(Governing body) (Name of Applicant)

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)